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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As the below named inventor, I hereby declare that: .

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ALKYLAMINOALKYL-TERMINATED SULFIDE/SULFONYL-CONTAINING PROPARGYL AMINO-DIOL COMPOUNDS FOR TREATMENT OF HYPERTENSION

The specification of which, with any Preliminary Amendment, (check one) [X] is attached hereto [] was filed on _____ as Application Serial No. _____ and was amended on (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, \$1.56(a) I hereby claim foreign priority benefits under Title 35, United States Code, \$119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: PRIOR FOREIGN APPLICATION(S) Priority Claimed []Yes INO (Number) (Country) (Day/month/year filed) []No []Yes (Country) (Day/month/year filed) (Number) ()Yes (Number) (Country) (Day/month/year filed) I hereby claim the benefit under Title 35, United States Code, \$120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, \$1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application: (Application Serial No.) (Filing date) (Status) (Application Serial No.) (Filing date) (Status)

POWER OF ATTORNEY: As a named inventor, I hereby appoint as attorneys dents: DENNIS A. BENNETT, Registration No. 34547; JOSEPH W. BULOCK, Registration No. P37103; SCOTT B. FEDER, Registration No. 33,129; ROBERTA L. HASTREITER, Registration No. 32990; J. TIMOTHY KEANE, Registration No. 27808; CYNTHIA S. KOVACEVIC, Registration No. 35578; JOY ANN SERAUSKAS, Registration No. 27952; FRANK S. UNGEMACH, Registration No. 34,449; ROGER A. WILLIAMS, Registration No. 27679; to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to J. Timothy Keane at 314-694-9090 and address all correspondence to:

G. D. Searle & Co. Corporate Patent Law Department P.O. Box 5110 Chicago, Illinois 60680-9889

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	last name HANSON	first name GUNNAR		middle name J.	
RESIDENCE & CITIZENSHIP	city SKOKIE	state or foreign	country	country of U.S.A.	citizen.
POST OFFICE ADDRESS	post office address 7410 KEYSTONE AVENUE	city SKOKIE	state or co	untry	zipcode 60076
SIGNATURE OF INVENTOR 1	Ocenny J. Hans	_	date 9 (24 / 9	3	

PATENT AND TRADEMARK OFFICE Commissioner of Patents and Trademarks Box Assignments Washington, D.C. 20231

APPENDIX B

RECORDATION FORM COVER SHEET
PATENTS ONLY
To the Honorable Commissioner of Patents and Trademarks. Please record the attached original documents or copy thereof.

ť.	Name of conveying party(ies):		2.	Name and address	s of receiving party(ies):		
	Gunnar J. Hanson September 24, 1993		•	Name:	G.D. Searle & Co.		
		•	• •	Internal Address:	Corporate Patent Department		
	•		•		P.O. Box 5110		
					Chicago, IL 60680		
				Street Address:	5200 Old Orchard Road		
		·			Skokie, IL 60077		
	Additional name(s) of conveying party(ies) attached?		•	Additional name(s) & address(es) attached?			
•	[]Yes [X]No	•		[]Yes [X]No	- or		
3.	Nature of Conveye	•			702 0428 RECEIVED 93 OCT 19 MI 7: NO ASSIGNMENT BRANCH		
J.	Nature of Conveyar I 1 [X] Assignment				OCT CELL		
	[] Security Agreer	[] Merger	•		19		
	[] Other		•		CHARTIERS OF 2		
	Execution Date: (s				17: 17: 17:		
4.					0.10		
4.	Application number(s) or patent number(s):				- -		
	If this document is being filed together with a new application, the execution date of the application is: September 24, 1993						
	A. Patent Application No.(s)			B. Patent No.(s)			
,		Additional numbers atta	ached? []Y	es [X]No	•		
š,	Name and address concerning docume	of party to whom correspondence nt should be mailed:	б. т	otal number of applic	cations and patents involved: [1]		
	Name:	G.D. Searle & Co.	7.	Total fee (37CFR 3	41): \$40.00		
	Internal Address:	Corporate Patent Department		[] Enclosed	ē		
		P.O. Box 5110		[X] Authorized to	be charged to deposit account		
		Chicago, IL 60680	,				
	Street Address:	5200 Old Orchard Road	8.	Deposit account nu	mber:		
	-	Skokie, IL 60077		19	-1025		
:	Attention:	J. Timothy Keane		(Attach duplicate copy of	this page if paying by deposit account)		
<i>]</i> 9.	. Statement and signature.		•	933	92907		
	To the best of my knowle	edge and belief, the foregoing information is true a	and correct and any	attached copy js a true co	py of the original document.		
	// - /	with Reans	1 -/2	minty Ka	rene 9/24/83		
	J. Filmothy	Medile	,	Signature /	/ Date/		
	RP14340 10/12/93 08125940		Total	Total number of pages comprising cover sheet:			
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ASSIGNMENT (SOLE)

For Ten Dollars and other valuable considerations, the receipt and sufficiency of which are hereby acknowledged, I, Gunnar J. Hanson, residing at 7410 Keystone Avenue, Skokie, Illinois, 60076, hereby sell, assign, transfer and convey unto G.D. SEARLE & CO., a Delaware corporation, whose address is Post Office Box 5110, Chicago, Illinois, 60680, its successors and assigns, the entire right, title and interest in and to my invention in ALKYLAMINOALKYL-TERMINATED SULFIDE/SULFONYL-CONTAINING PROPARGYL AMINO-DIOL COMPOUNDS FOR TREATMENT OF HYPERTENSION described in an application for United States Letters Patent therefor, executed on even date herewith, and in and to all Letters Patent of the United States and foreign countries, including any divisions, continuations, reissues and extensions thereof that may be obtained therefor; and I agree that I will, without additional compensation, but without cost to me, promptly communicate to said G.D. SEARLE & CO., or its representatives any facts known to me respecting said invention whenever requested, and testify in any legal proceedings, sign all lawful papers, and execute all divisional, continuing and reissue applications, make all rightful oaths and generally do everything possible to aid my said assignee, its successors and assigns, as and when requested by them, in obtaining and enforcing proper patent protection for said invention or inventions and improvements in the United States and all countries foreign thereto; and I hereby authorize and request the Commissioner of Patents to issue any and all Letters Patent that may be granted for said invention to said G.D. SEARLE & CO., its successors and assigns.

Signed and sealed this 24 day of September, 1993.

(SEAL)

Gunnar J. Hanson

State of <u>Missouri</u>)) SS

County of <u>St. Charles</u>

A MAGFINARK OFFICE

SEP 24 93

On the day and year aforesaid, appeared Gunnar J. Hanson, personally known to me, and by me personally known to be the person who executed the above instrument, who, being duly sworn, acknowledged that executed the above instrument as his free and voluntary act.

BRENDA K. LAMMERS
Notary Public-Notary Seal
STATE OF MISSOURI
ST CHARLES COUNTY
My Appointment Explres FEB 15, 1997

Notary Public